



Request to Submit Paper Claims

Complete this form to request paper claim submission.

Provider Request

Provider ID Number: _____

Provider Name (Business or Individual): _____

Location Address: _____ Address Line 2: _____

City _____ State _____ Zip Code: _____

I attest that the provider will submit an average of five (5) or less claims per month.

Provider/Provider Representative Name (please print): _____

Provider/Provider Representative Signature: _____ *Date:* _____

Contact Information: Phone: _____ *Email:* _____

**Complete this form and submit via the Provider Web Portal using the following steps
(do not mail to Gainwell Technologies):**

1. Log in to the [Provider Web Portal](#).
2. Click Provider Maintenance.
3. Click Provider Maintenance again.
4. Complete the Provider Web Portal Maintenance Request.
5. Click "Attachments and Submit" on the left-hand side of the page.
6. Add the completed Request to Submit Paper Claims Form.
7. Select the Attachment Type "Other".
8. Submit.
9. An approval or denial letter will be emailed in response to the submission.

Contact the [Provider Services Call Center](#) for questions regarding Health First Colorado (Colorado's Medicaid Program) enrollment.

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Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

hcpf.colorado.gov

